

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**1. PLACE OF DEATH**

County St. Francois Registration District No. 1115  
Township Monroe Liberty Primary Registration District No. 6021  
City (No. ) St. Ward

File No. 27474  
Registered No. 16

**2. FULL NAME**

(a) Residence, No. J. D. Sameron St. Ward.

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX <u>male</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 2 1845</u>		
7. AGE <u>88</u>	YEARS <u>2</u>	MONTHS <u>1</u>
DAYS <u>1</u>		IF LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>N. Carolina</u>		
13. NAME <u>Dixon Sameron</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>N. Carolina</u>		
15. MAIDEN NAME <u>Louise Mathers</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>N. C.</u>		
17. INFORMANT (ADDRESS) <u>J. H. Dalton</u> <u>Monroe Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Moore Cemetery</u> DATE <u>Aug 4</u> 19 <u>33</u>		
19. UNDERTAKER (ADDRESS) <u>Ed Webb</u> <u>Fredricktown Mo</u>		
20. FILED <u>8/5</u> 19 <u>33</u> <u>F. L. H. Ryker</u> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 3 1933

I HEREBY CERTIFY, That I attended deceased from July 31 1933, to Aug 3 1933  
I last saw him alive on July 31 1933. Death is said to have occurred on the date stated above, at 10:00 a.m.

The principal cause of death and related causes of importance were as follows:

Uremic poisoning  
1310  
1310

Date of onset  
197

Other contributory causes of importance:

Nephritis Chronic

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_

(Signed) W. Harry Boon M. D.  
(Address) Fredricktown Mo

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 26 1933

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